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CONFIRMATION NO. 5132

SERIAL NUMBER	FILING OR 371 (c) DATE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET
10/725,575	12/03/2003 RULE	602	3772	SIGU3002/JE

APPLICANTS

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** CONTINUING DATA *****

This appln claims benefit of 60/437,146 12/31/2002 and claims benefit of
 60/482,775 06/27/2003
 and claims benefit of 60/503,546 09/17/2003
 and claims benefit of 60/518,317 11/10/2003

KNC

** FOREIGN APPLICATIONS *****

None

IF REQUIRED, FOREIGN FILING

LICENSE GRANTED ** 02/27/2004

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY ICELAND	SHEETS DRAWING 10	TOTAL CLAIMS 28	INDEPEN CLAIM 2
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature Initials				

ADDRESS

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TITLE

Wound dressing

FILING FEE RECEIVED	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Process Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue)
914		

	No. _____ for following:	<input type="checkbox"/> Other
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